

# DIRECT DEPOSIT SIGN-UP FORM

FINANCIAL INSTITUTION : **FINANCIAL 1<sup>st</sup> FEDERAL CREDIT UNION**  
**2875 REACH RD.**  
**WILLIAMSPORT, PA. 17701**  
TELEPHONE : **(570) 322-2061**

PAYEE INFORMATION: NAME: \_\_\_\_\_ PLANT# \_\_\_\_\_  
SOCIAL SECURITY# \_\_\_\_\_ TELEPHONE : ( ) \_\_\_\_\_  
**Employee#** \_\_\_\_\_  
\_\_\_ Initial Authorization \_\_\_ Change in Authorization

I hereby authorize my employer to deduct from my salary the amounts set forth in this Authorization and to deposit these funds at Financial 1<sup>st</sup> FCU for each payroll period following receipt of this Authorization until further notice from me. I understand that this Authorization irrevocable. If this is a change in a previous Authorization, I instruct my employer to cancel my previous Authorization and to follow this Authorization. If I fail to cancel this Authorization upon filing for bankruptcy, my employer and the credit union are directed to make and apply deductions in accordance with this Authorization. I grant the credit union a power of attorney to increase or decrease the amount of my deduction upon my written request. This power of attorney only applies to a loan or credit extension for which the payment may vary. I authorize my employer to honor any payment change made under this power of attorney.

\_\_\_ WEEKLY AMOUNT \$ \_\_\_\_\_  
\_\_\_ BI-WEEKLY NET CHECK \_\_\_\_\_

**ROUTING NUMBER: 2313-8780-6 ACCOUNT #** \_\_\_\_\_

DISTRIBUTION OF AMOUNT : CHECKING \$ \_\_\_\_\_ LOAN # \_\_\_\_\_ \$ \_\_\_\_\_  
SAVINGS \$ \_\_\_\_\_ LOAN # \_\_\_\_\_ \$ \_\_\_\_\_  
CHRISTMAS \$ \_\_\_\_\_ LOAN# \_\_\_\_\_ \$ \_\_\_\_\_  
VACATION \$ \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE SEND/FAX (570-322-0215) COPY TO THE CREDIT UNION.**